



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year:

Non-Profit Corporation

2023

FEB 14 2023

BY 29694

Filing period: February 1 - May 1

Filing Fee: \$20.00

Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000028133		2. Exact name of the Corporation The Greenwich Club			
3. State of Incorporation RI Island / 1937		5. Brief description of the character of business conducted in Rhode Island Private Non Profit Swim Club			
4. NAICS Code 722515 + Pools					
6. Principal Office Address 5426 Bot Rd / PO Box 411			City East Greenwich	State RI	Zip 02818
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Damian Andrews			Vice-President Name Sara Sheally		
Street Address 25 Canonicus Trail			Street Address 4 Gerald's Farm		
City East Greenwich	State RI	Zip 02818	City Exeter	State RI	Zip 02888
Secretary Name Ella Gonzalez			Treasurer Name Tiffany Caton		
Street Address 114 Oaklark Rd			Street Address 65 Potter Rd		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name David Gaurin			Director Name Brad Nelson		
Street Address 99 Chestnut Dr			Street Address 350 Forge Rd		
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
Director Name Ed Smith			Director Name Ken Taber		
Street Address 9 Bayberry Lane			Street Address 10 Globe St		
City East Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02886
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Melinda Bates, Business Mgr					Date 2/6/23
Signature of Officer/Authorized Representative Melinda Bates					

MAIL TO:
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